

FILED

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EASTERN DISTRICT OF CALIFORNIA
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Correspondence to whom this may concern:

I Maurice R Atkinson sent a notice to appeal case number 2:20cv02086 on February 1, 2021 I am sending pictures and resending a notice to appeal to proof that I did in fact send a notice before 30 days of final judgment I am a pro Se litigant

I declare under penalty of perjury under the laws in the state of California that the forgoing is all true and Correct.

3 copies

Print: Maurice R. Atkinson

Date: 2/12/2021

Sign: 

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

**Form 1. Notice of Appeal from a Judgment or Order of a
United States District Court**

Name of U.S. District Court:

U.S. District Court case number:

Date case was first filed in U.S. District Court:

Date of judgment or order you are appealing:

Fee paid for appeal? (*appeal fees are paid at the U.S. District Court*)

☐ Yes ☐ No ☒ IFP was granted by U.S. District Court

List all Appellants (*List each party filing the appeal. Do not use "et al." or other abbreviations.*)

Is this a cross-appeal? ☐ Yes ☒ No

If Yes, what is the first appeal case number?

Was there a previous appeal in this case? ☐ Yes ☒ No

If Yes, what is the prior appeal case number?

Your mailing address:

City: State: Zip Code:

Prisoner Inmate or A Number (if applicable):

Signature Date

Complete and file with the attached representation statement in the U.S. District Court

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

Continued list of parties and counsel: *(attach additional pages as necessary)*

Appellants

Name(s) of party/parties:

Healthcare services Group, inc.

Name(s) of counsel (if any):

Grace Thompson: Davis Wright Tremaine LLP

Address: 3220 Tillman Drive, Suite 300 Bensalem, PA 19020

Telephone number(s): 215-639-4274

Email(s):

Is counsel registered for Electronic Filing in the 9th Circuit? ☐ Yes ☐ No

Appellees

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

Form 6. Representation Statement

Instructions for this form: <http://www.ca9.uscourts.gov/forms/form06instructions.pdf>

Appellant(s) (List *each* party filing the appeal, do not use "et al." or other abbreviations.)

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

Is counsel registered for Electronic Filing in the 9th Circuit? ☐ Yes ☐ No

Appellee(s) (List *only* the names of parties and counsel who will oppose you on appeal. List separately represented parties separately.)

Name(s) of party/parties:

Windsor El Camino care center

Name(s) of counsel (if any):

Grace Thompson:Davis Wright Tremaine LLP

Address: 2540 Carmichael way, Carmicheal, CA 95608

Telephone number(s): 916-482-0465

Email(s):

To list additional parties and/or counsel, use next page.

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

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Maurice P. Affonso

United States District Court
Eastern District
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**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

**Form 1. Notice of Appeal from a Judgment or Order of a
United States District Court**

Name of U.S. District Court: Eastern District Court: Robert T. Matsui

U.S. District Court case number: 2:20-cv-02086-KJM-AC

Date case was first filed in U.S. District Court: 10/19/2020

Date of judgment or order you are appealing: 1/21/2021

Fee paid for appeal? (appeal fees are paid at the U.S. District Court)

☐ Yes ☐ No ☒ IFP was granted by U.S. District Court

List all Appellants (List each party filing the appeal. Do not use "et al." or other abbreviations.)

Plaintiff: (PRO SE) Maurice R. Atkinson

Is this a cross-appeal? ☐ Yes ☒ No

If Yes, what is the first appeal case number?

Was there a previous appeal in this case? ☐ Yes ☒ No

If Yes, what is the prior appeal case number?

Your mailing address:

1580 Maple St.

City: San Mateo State: CA Zip Code: 94063

Prisoner Inmate or A Number (if applicable):

Signature: Maurice R. Atkinson Date: 2/1/21

Submit and file with the attached representation statement in the U.S. District Court

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov